

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

09/075,372-58-78
FEE PAYMENT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
(1)	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7		/					57					
8		/					58					
9		/					59					
10		/					60					
11		/					61					
12		/					62					
13		/					63					
14		/					64					
15		/					65					
16		/					66					
17		/					67					
18		/					68					
19		/					69					
20		/					70					
21	/	/					71					
22	/	/					72					
23	/	/					73					
24		/					74					
25		/					75					
26		/					76					
27		/					77					
(28)	/	/					78					
29		/					79					
(30)	/	/					80					
(31)	/	/					81					
(32)	/	/					82					
(33)	/	/					83					
(34)	/	/					84					
35		/					85					
36		/					86					
37		/					87					
38		/					88					
(39)	/	/					89					
(40)	/	/					90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	8						TOTAL IND.					
TOTAL DEP.	32						TOTAL DEP.					
TOTAL CLAIMS	40						TOTAL CLAIMS					

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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